

**Texas Department of Insurance, Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**PART I: GENERAL INFORMATION**

Requestor's Name and Address: HELEN WOOD, MD 3100 TIMMONS LANE SUITE 250 HOUSTON, TX 77027	MFDR Tracking #:	M4-09-A078-01
Respondent Name and Box #: TEXAS MUTUAL INSURANCE CO REP BOX #54		

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "This is a Designated Doctors Exam and needs to be reimbursed as such, seeing this claim was billed under TDI-DWC Medical Fee Guidelines. Carrier needs to pay balance of the claim."

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - \$150.00
3. CMS 1500s
4. EOBs
5. DDE Narrative Report

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary: "The requestor performed full range of motion of the lumbar and thoracic spines but used the DRE method to arrive at the rating of impairment according to the documentation. (See requestor's DWC-60 packet.) For this reason Texas Mutual believes an additional payment of \$150.00 is not due."

Principle Documentation:

1. Response to DWC 60
2. DWC-32

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Part V Reference	Amount Ordered
03/27/2009	99456-W5-WP (from CMS-1500)	1-6	\$0.00
Total:			

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and 28 Texas Administrative Code (TAC) Section 134.204, titled *Medical Fee Guideline* effective for specific services on or after March 1, 2008, set out the reimbursement guidelines.

1. These services were denied by the Respondent with reason codes:
 - CAC-W4: NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL/RECONSIDERATION.
 - CAC-47: THIS (THESE) DIAGNOSES (ARE) NOT COVERED, MISSING, OR ARE INVALID.
 - 891: THE INSURANCE COMPANY IS REDUCING OR DENYING PAYMENT AFTER RECONSIDERATION
 - 907: NOT ALL DIAGNOSES SUBMITTED ARE RELATED TO THE COMPENSABLE INJURY. ONLY TREATMENT RENDERED FOR THE COMPENSABLE INJURY IS REIMBURSABLE.”
2. The denial codes on the EOBs submitted by requestor reflect original audits. The billing has subsequently been reimbursed \$500.00 according to the Table of Disputed Services with a disputed amount of \$150.00 of \$650.00 billed for the CPT code 99456-W5-WP.
3. Rule 134.204(j)(4)(C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas.
 - (i) Musculoskeletal body areas are defined as follows:
 - (I) spine and pelvis; 19
 - (II) upper extremities and hands; and,
 - (III) lower extremities (including feet).
 - (ii) The MAR for musculoskeletal body areas shall be as follows.
 - (I) \$150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th edition is used.
 - (II) If full physical evaluation, with range of motion, is performed:
 - (-a-) \$300 for the first musculoskeletal body area; and
 - (-b-) \$150 for each additional musculoskeletal body area..
4. The CPT code 99456-W5-WP is billed by Requestor and documented in the narrative as a Maximum Medical Improvement (MMI) determination and Impairment Rating evaluation (IR) for lumbar as well as thoracic spinal regions. Documentation shows that the methodology used to determine the spinal rating was the Diagnosis Related Estimate (DRE). It is noted that ROM methodology was also used to get measurements.
5. DWC utilizes reference materials published by TWCC on the subject addressing the issue previously.
 - The TWCC Medical Dispute Resolution Newsletter issue 4, dated March of 2005, under the section heading of Billing and Reimbursement for an Impairment Rating: ROM vs. DRE states, “If the ROM method was used in a DRE area, the narrative report should contain an explanation stating why the ROM method was necessary and how the ROM methodology assisted in calculating the IR.” Also, “Some body areas, such as the back, primarily use the DRE method for assigning an IR. The DRE method determines the IR for a back injury by placing the injury into one of seven categories. If there is no clear category into which the injury falls, the ROM method may be used to provide evidence, (referred to as discriminators), to assist the evaluator in placing the injury into a specific category.”
 - Also, the subsequent TWCC Medical Dispute Resolution Newsletter Issue 6, dated May 2005, under the section heading of Billing for Unnecessary Range of Motion Impairment Ratings goes further in stating that “if the ROM method is needed as a discriminator, the narrative report describing how the IR was calculated should include information indicating why the ROM method was necessary as a discriminator. Unnecessary use of the ROM method should not be billed by the evaluator or reimbursed by the carrier.”
6. Per the Newsletter clarification, the narrative submitted does not explain why the ROM method was necessary and how the ROM method assisted in calculating the IR. Therefore, additional reimbursement is not recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section. 413.011(a-d), Section. 413.031 and Section. 413.0311
28 Texas Administrative Code Section. 134.1
Texas Government Code, Chapter 2001, Subchapter G
134.204
TWCC Medical Dispute Resolution Newsletter issue 4, dated March of 2005
TWCC Medical Dispute Resolution Newsletter Issue 6, dated May 2005

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is not entitled to an additional **\$150.00** reimbursement for the services involved in this dispute.

DECISION:

_____	_____	October 30, 2009
Authorized Signature	Auditor	Date
	Medical Fee Dispute Resolution	

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.